

Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|   |                    |   |   |   |   |
|---|--------------------|---|---|---|---|
| <b>NAME OF FILER</b><br>Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations |                    |   | <b>Date of This Filing</b> 09/27/2005<br><br><b>Report No.</b> LIE-475<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><b>Page 1 of 2</b> | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)443-7817  |                    | <b>I.D. NUMBER (if applicable)</b><br>1273998 |   |   |   |
| <b>STREET ADDRESS</b>   |                    |   |   |   |   |
| <b>CITY</b><br>Sacramento   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95814                      |   |   |   |

1. List Only One Candidate or Ballot Measure

|   |                |               |   |                                  |                |                    |
|---|----------------|---------------|---|----------------------------------|----------------|--------------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> |                |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b><br>Reapportionment. Initiative Constitutional Amendment. |                                  |                |                    |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>     | <b>SUPPORT</b> | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b><br>77  | <b>JURISDICTION</b><br>Statewide | <b>SUPPORT</b> | <b>OPPOSE</b><br>X |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE | AMOUNT  |
|------------|----------------------------|---------|
| 09/26/2005 | Support Services           | \$28.61 |
|            |                            |         |
|            |                            |         |
|            |                            |         |
|            |                            |         |
|            |                            |         |
|            |                            |         |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

NAME OF FILER

Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

I.D. NUMBER (If applicable)  
1273998

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|--|---|---|-----------------|---|
| 9/26/2005     | Los Angeles County Democratic Party - Issues and Advocacy Committee<br>Burbank, CA 91502<br><br>ID: 744554 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,145.88      | If loan,<br>enter interest rate, if any<br>_____% |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772